## OVER-THE-COUNTER DRUG LIST

Coverage of over-the-counter drugs (OTC) is outlined in SECTION 2 of the Pharmacy Manual, Chapter 2 - 4, *Prescribed Over-the-Counter Products*. In summary, OTC's are covered ONLY when (1) on the Medicaid OTC list and (2) ordered on a written prescription. OTC products may also have restrictions indicated on the chart which include the following:

Brand name allowed: Brand names are covered only when so noted.
Generic equivalent only: Only the generic equivalent of the brand is covered.
Limits: Limits and other criteria may be noted after the drug name.
NH: Drugs marked ' NH' are reimbursable for patients who are residents of a long term care facility such as a nursing home. When the restriction applies to a drug, all dosage forms apply.
NTM: Item is covered under the Non-Traditional Medicaid program.
PCN: Item is covered under the Primary Care Network program.

Rejection for an "unrecognized" NDC code means the product is not covered.

**Use the 11-digit NDC Code for billing. Drug Name**

| Drug Name | Brand Covered | Limits | NH | NTM | PCN |
|---|---|---|---|---|---|
| Acetaminophen | | | | • | |
| Antacid liquid and tablets | | - Tums rolls, covered<br>- Tums -500, E-X, and Ultra NOT covered<br>-Mylanta NOT covered | | • | |
| Aspirin including enteric coated, buffered | | | | • | |
| Benadryl | | Generic equivalent only | • | • | |
| Bisacodyl tablets and suppositories | | | | • | |
| Chlorpheniramine | | | • | | |
| Citrate of magnesia | | 600 ml, maximum | • | | |
| Contraceptive creams, foams, tablets, sponges, and condoms | | | | • | • |
| Doxylamine Succinate | | | • | • | |
| DSS caps, liquid, and syrup and concentrate drops 5% (Na+ or Ca++ salt) | | | | • | |
| Famotidine OTC | | | • | • | |
| Ferrous gluconate 325mg, sulfate 325mg/ elixir, 220mg/5c | | 30 Tabs or equivalent | • | | |
| Glucose blood test strips | Yes | e.g. Freestyle, Chemstrip, One-touch, Ultra, etc. | | • | • |
| Gyne-Lotrimin | | Generic equivalent only | • | • | |
| Hydrocortisone cream, ointment, supp. | | | • | • | |
| Ibuprofen | | | | • | |
| Imodium AD | | Generic equivalent only | | • | |
| Insulin | Yes | | • | • | • |
| Insulin syringe with needle-disposable | | 100/month maximum | | • | • |
| Kaolin with pectin suspension | | | | | |
| Lancets | | 100/month maximum | | • | • |
| Loratidine (single agent) | Yes | | • | • | |
| Lotrimin, Lotrimin AF | | Generic equivalent only | • | • | |

| Drug Name | Brand Covered | Limits | NH | NTM | PCN |
|---|---|---|---|---|---|
| MAG-CARB | Yes | | • | | |
| Milk of magnesia<br>Miralax | Yes | | • | • | • |
| Niacin 250mg, 500mg for hyperlipidemia only | | (SR, LA forms not covered) | • | | |
| Nix and generic equivalent | Yes | | • | • | |
| Non-oyster shell calcium tabs | | Oyster shell not covered | • | • | |
| Pepto-Bismol and generic equivalent | Yes | | • | | |
| Poly Vi Sol | | Iron formulations not covered | • | | |
| Prilosec OTC | | | • | • | |
| Prophyolactics, male, female | Yes | | | | |
| Pseudoephedrine HCL 30mg, 60mg | | | • | • | |
| Psyllium muciloid powder | | | • | • | |
| Rid and generic equivalents | Yes | | • | • | |
| Robitussin DM | | Generic equivalent only | • | • | |
| Robitussin | | Generic equivalent only | • | • | |
| Senokot 8.6mg tab | | Generic equivalent only | • | • | |
| Tri Vi Sol | | | • | | |
| Triaminic(s) | Yes | | • | • | |
| Triple antibiotic ointment 15gm | | | • | • | |
| Urine tests<br>(Clinistix, Clinitest, Diastix, Ketostix) | Yes | | | | |
| Zyrtec | Yes | | • | • | • |